World Health Organization

**SEVENTY-FIRST WORLD HEALTH ASSEMBLY** **A71/5**
**Provisional agenda item 11.2** **7 May 2018**

# Public health preparedness and response

## Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme

The Director-General has the honour to transmit to the Seventy-first World Health Assembly the report submitted by the Chair of the Independent Oversight and Advisory Committee (see Annex).

ANNEX

# REPORT OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME

## BACKGROUND

1. The reform of WHO's work in outbreaks and emergencies was undertaken in accordance with resolution EBSS3.R1,[1] which was adopted at the Special Session of the Executive Board on the Ebola emergency in 2015. The Sixty-ninth World Health Assembly in 2016 considered the design, oversight, implementation and financing of a new WHO Health Emergencies (WHE) Programme, as presented in document A69/30,[2] and adopted decision WHA69(9)[3] on the reform of WHO's work in health emergency management: WHO Health Emergencies Programme.[4] Pursuant to that decision, WHO officially launched the Programme on 1 July 2016.

2. In decision WHA69(9), the Health Assembly also welcomed the establishment of the Independent Oversight and Advisory Committee (IOAC) to provide oversight and monitoring of the WHE Programme's development and performance. Since the inception of the Programme, the IOAC has observed the Programme's evolution and monitored its progress. Between May 2016 and March 2018, the IOAC held eight teleconferences and six in-person meetings, carried out six field visits to Bangladesh, Colombia, Iraq, Mali, Nigeria and Pakistan, and instigated numerous event-specific briefings, ad hoc virtual consultations and interviews with key stakeholders. Summary discussions and findings from all the meetings and field missions of the IOAC are made available to the public on the WHO website.[5]

3. In accordance with the terms of reference of the IOAC,[6] the two-year term of office of the current members will end in May 2018. Therefore, this report is the incumbent IOAC's fourth and final report to the governing bodies. The first report[7] was transmitted to the Executive Board at its 140th session in January 2017, the second[8] to the Seventieth World Health Assembly in May 2017 and the third[9] to the 142nd session of the Executive Board in January 2018.

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[1] Resolution EBSS3. R1 (http://apps.who.int/gb/ebwha/pdf_files/EBSS3-REC1/EBSS3_REC1-en.pdf, accessed 17 April 2018).

[2] Document A69/30 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_30-en.pdf, accessed 17 April 2018).

[3] Decision WHA69(9) (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_DIV3-en.pdf, accessed 17 April 2018).

[4] See document WHA69/2016/REC/1, summary records of Committee A, fourth meeting, section 1, and fifth meeting (http://apps.who.int/gb/ebwha/pdf_files/WHA69-REC3/A69_2016_REC3-en.pdf, accessed 19 April 2018).

[5] Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/en/, accessed 17 April 2018).

[6] Terms of reference of the Independent Oversight and Advisory Committee (http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/Terms-of-Reference-Independent-Oversight-Committee.pdf, accessed 17 April 2018).

[7] Document EB140/8 (http://apps.who.int/gb/ebwha/pdf_files/EB140/B140_8-en.pdf, accessed 17 April 2018).

[8] Document A70/8 (http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_8-en.pdf , accessed 17 April 2018).

[9] Document EB142/8 (http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_8-en.pdf, accessed 17 April 2018).

4. The IOAC is pleased to see that the recommendations issued in its previous reports have been taken seriously and some of them are already being implemented, while others are under consideration. The IOAC is grateful to the WHO Secretariat for its transparency, cooperation and constructive attitude throughout the review and monitoring process.

## PROGRESS AND CHALLENGES OVER THE FIRST 20 MONTHS OF THE WHE PROGRAMME

### General comments

5. The WHE Programme has been making steady progress over the past two years. The IOAC is pleased that the Director-General has made the programme one of his primary organizational priorities. The draft thirteenth general programme of work, 2019–2023,[1] submitted to the current Health Assembly sets out health emergencies as one of the three strategic priorities of WHO. This would ensure that the Programme is a corporate priority, consistent with WHO Member States' ambitions for it.

6. The IOAC commends the important progress made by the WHE Programme over the past 20 months. The Committee notes that over this period a suitable foundation has been laid and substantial progress has been achieved towards making WHO fit for purpose in emergencies. In particular, the IOAC is pleased to see: progress in implementation of a "one programme" approach and structure across the three levels of the Organization; strengthened leadership in outbreak management and performance during emergencies (for example, the control of diphtheria in Bangladesh and of Lassa fever in north-east Nigeria); preparation of technical guidance for epidemic-prone diseases (including plans for ending cholera as a threat to public health by 2030[2] and eliminating yellow fever by 2026);[3] institutionalization of an incident management system (IMS) for graded crises; field application of the Early Warning, Alert and Response System; and the establishment and strengthening of operational partnerships on the ground.

7. While significant progress has been made on reforms under the Programme's direct control, the IOAC notes that major remaining constraints on performance of the Programme are increasingly related to corporate-level systems and cultural obstacles. WHO corporate systems and procedures are cited by both WHO staff and partners as a major constraint on emergency operations. In May 2017, in its second report, the IOAC recommended setting up a time-limited working group dedicated to addressing major issues for streamlining administrative and operational systems in an emergency response. IOAC was pleased to see that a working group was established, comprising key staff including the Directors of Administration and Finance and the Directors of Programme Management of the Regional Office for Africa and the Regional Office for the Eastern Mediterranean. It concluded its work in December 2017 and played a critical role in reviewing key standard operating procedures

[1] Document A71/4 (http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf, accessed 17 April 2018).

[2] Ending cholera, a global roadmap to 2030 (http://www.who.int/cholera/publications/global-roadmap.pdf, accessed 17 April 2018).

[3] Eliminate yellow fever epidemics by 2026 (http://www.who.int/csr/disease/yellowfev/eye-strategy-one-pager.pdf, accessed 17 April 2018).

(SOPs). The working group identified five areas[1] requiring corporate solutions and these were taken up at WHO leadership level.

8. To track progress and to support its assessment, the IOAC applied a monitoring framework that was developed on the basis of the milestones laid out in document A69/30[2] and the indicators proposed in the WHE Programme results framework submitted to the 140th session of the Executive Board.[3] In monitoring progress, the IOAC identified eight thematic areas: structure, incident management, risk assessment, human resources (HR), finance, business processes, partnerships and the International Health Regulations (2005) (IHR). In the present report, the IOAC has selectively highlighted elements from the eight thematic areas for which further improvement is required. **These should continue to be monitored by the IOAC.**

## Internal and external communication, coordination and management processes

9. Efforts have been made to share the WHE Programme roll-out plan with staff, to disseminate new policies and procedures to relevant offices, and to engage with staff at the different levels of the Organization in order to implement a coordinated response to crises. The IOAC acknowledges that the overall amount of information and frequency of communication through various channels, and interactions among staff at the three levels of the Organization and between managers and staff, have notably increased, but further efforts are needed to ensure the effectiveness and impact of the Programme through enhanced internal communications.

10. Recently, a dedicated communications team covering both internal and external communications was established as part of the WHE Programme. This team is taking the lead in WHO's external communications for the ongoing crises, taking a more proactive rather than reactive approach, which is welcomed. The WHE Programme has produced regular press releases, and expanded its outreach through interviews, media briefings, feature articles, and the development and dissemination of audiovisual content globally. The IOAC points out the importance of ensuring the consistency and coherence of corporate communications through close collaboration between the WHO's Department of Communications and other programmes within WHO.

11. During its field visits, the IOAC observed that, for each outbreak, each of the three organizational levels of the WHE Programme produces a series of risk assessments and situation analyses. The potential for duplication of effort across the three levels of the Programme puts an additional burden on the emergency response team and particularly on staff at the country level, who have to meet the demand for information from both internal and external parties, while also responding to the crisis. In 2017 alone, 429 events were investigated. Of these, 113 required a rapid risk assessment, which was conducted. The production and dissemination of different types of situation reports and assessments for each event should be rationalized, and the format and frequency made standard across all levels of WHO, to reduce the workload of staff across the Programme.

12. The IOAC has observed progress in coordination across the three levels of the WHE Programme. Through regular briefings to the Director-General and all six Regional Directors, the

[1] The five areas were: supply chain management, security, the Framework of Engagement with Non-State Actors (due diligence), the delegation of authority to WHO Representatives and human resources management.

[2] Document A69/30 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_30-en.pdf, accessed 18 April 2018).

[3] Document EB140/36 (http://apps.who.int/gb/ebwha/pdf_files/EB140/B140_36-en.pdf, accessed 18 April 2018).

WHO Security Council on the ongoing emergencies, daily IMS meetings, and other such formal processes, coordination across the Organization is becoming institutionalized, and is being used to make quicker and better-informed decisions, align priorities, standardize actions and manage resources effectively. However, the Committee notes that ambiguity over roles and responsibilities has at times led to tension between headquarters (HQ), country offices and regional offices, affecting operational speed and performance. **The IOAC recommends that the WHO's Emergency Response Framework (ERF) should be consistently followed by staff at all levels of the Organization. Additionally, improved communication and decision-making processes should be developed between the senior managers at HQ and the Regional Directors, and among the staff at HQ, regional offices and country offices.**

## Incident Management System, delegation of authority and accountability

13. The IOAC recognizes that WHO activated the IMS for all 39 graded events between July 2016 and March 2018, in line with the ERF.[1] Although the second edition of the ERF has been issued to clarify the Organization's procedures for risk assessment, grading and response management, IMS, emergency performance standards, key performance indicators and WHO emergency response, findings from the IOAC's field visits to Bangladesh and Nigeria suggest that the ERF needs to be rigorously applied in order to avoid confusion. The IOAC recognizes that flexibility is required to adapt to specific emergency contexts; in this regard, **the IOAC recommends transparent and documented three-level decision-making to describe any required adaptation of roles and responsibilities as outlined in the ERF**.

14. The IOAC acknowledges that the delegation of authority (DOA) to Incident Managers and WHO Representatives in a graded emergency have been developed and included in the WHO eManual.[2] In line with recommendations developed following the IOAC's field visit to Nigeria, the DOA is automatically activated when the Incident Manager is appointed. The IOAC recognized that application of the DOA can be challenging in some circumstances and recommends transparent and documented three-level decision-making to resolve issues as required. It would also be valuable to hold a teleconference upon deployment of an Incident Manager, to ensure that staff in HQ, regional offices, country offices and the Incident Management Team are in alignment regarding roles and expectations. The IOAC notes that pre-deployment orientation training for Incident Managers is still under development and that in the meantime workshops on SOPs in emergencies have been held (in the African Region) or are planned (in the Eastern Mediterranean Region, European Region and South-East Asia Region) as temporary measures.

15. The IOAC is pleased to see efforts to systematically update SOPs to reflect lessons learned. Such efforts include: quarterly summaries of key findings from exit interviews and end-of-mission statements by field staff, deployed staff and surge staff; regular review of feedback on key SOPs via the WHE Management Network; enabling of online feedback via the newly developed Emergency SOPs Management Platform; and establishment of a cross-departmental Task Team on Performance Management and Lessons Learnt.

[1] Emergency response framework, second edition (http://www.who.int/hac/about/erf/en/, accessed 18 April 2018).

[2] WHO eManual, section XVII.2.3, Delegation of authority.

## Human resource planning, recruitment and retention of talent

16. For the biennium 2018–2019, the WHE Programme has an allocated total of 1580 positions. As at March 2018, 751 of these have been filled. The number of positions increased from the 1157 originally planned in July 2016 for the roll-out of the Programme, owing to the increase in the number of positions at country level. The target distribution of positions, however, has been maintained, at 50% in country offices, 25% across the six regional offices and 25% at HQ, in line with the IOAC's recommendation.

17. The IOAC acknowledges that the number of occupied longer-term professional positions in the WHE Programme has increased by 74% at regional level (from 78 to 136 positions), and by 37% at country level (from 77 to 107 positions), compared with 4% at HQ (from 119 to 124 positions). The proportion of the positions filled against the target however, remains a challenge, since at each of the three levels of the Programme the proportions are only 45% at regional level and 37% at country level, compared with 71% at HQ. The WHE Programme leadership briefed the IOAC that the main constraints to employing additional core staff, particularly in the country offices, has been the lack or uncertainty of funding, shortage of suitable candidates for hardship duty stations and delays in the recruitment process.

18. The IOAC welcomes the Director-General's decision to allocate US$ 200 million of core flexible funding to the WHE Programme in 2018–2019, compared with US$ 145 million received in 2016–2017. The IOAC understands that this increase should provide sufficient guaranteed funding for HR to fill 75% of planned posts at country level (depending on the final composition of the HR plans). With this budgetary constraint removed, it will be important that the Programme moves rapidly to bring country office and regional office staffing coverage levels to parity with that of HQ. The WHO Secretariat is urged to give high priority to country offices so that they can move forward with recruitment against vacant positions, in order to even the differential vacancy gap that still exists between the three levels of the Organization.

19. The IOAC observes that the WHE Programme's HR planning and budgets were initially determined through the emergency reform process in 2015–2016 by HQ and regional office staff. During the field visits, the IOAC heard that the country-specific needs were not fully reflected in the initial planning. As part of the 2018–2019 HR planning processes, Regional Emergency Directors have reviewed the current employment gaps in their regions and target countries, and planning has been adapted accordingly. The WHO Representatives are now engaged in developing and implementing their country business models as part of the process to fill country office posts. The IOAC will continue to monitor the HR situation of the Programme.

20. Following the recommendations in the IOAC's third report, efforts are being made to allocate dedicated HR staff to the WHE Programme. A total of 40 HR-related positions are planned for the Programme as of March 2018: 17 in HQ, 16 in the African Region, 5 in the Eastern Mediterranean Region and 2 in the European Region. WHO recruitments typically take 3–6 months to be completed. To meet the demand for rapid deployment of staff, new SOPs and flexible contract arrangements, such as temporary appointments of less than six months and consultancy contracts under fast-track SOPs, are being used. However, a corporate solution for the Organization as a whole is required. The IOAC

is pleased that senior management is actively engaged in finding a way forward through WHO's transformation agenda.[1]

21. In its previous reports, the IOAC urged WHO to benchmark HR incentives for talent acquisition and management, and an appropriate policy for rest and recuperation in emergency settings, against those of peer United Nations (UN) agencies[2] and development organizations, commensurate with the intensity of the work. The IOAC notes that the benchmarking analysis is planned but has yet to be carried out. The IOAC was briefed that implementation of the WHO geographical mobility policy[3] will commence from January 2019 and that the WHE Programme is considering drawing on best practices from other UN agencies for optimizing the mobility of WHE Programme staff. **The IOAC recommends that this should be under review by the Committee.**

## Financing the WHE Programme and resource mobilization at country level

22. The WHE Programme is funded in three parts: core budget, appeals and the Contingency Fund for Emergencies (CFE). For the biennium 2016–2017, the WHE Programme was funded at 73% of its approved core budget of US$ 485 million, with the distribution being 30% for country offices, 28% for regional offices and 42% for HQ. The total core budget requirement for the Programme for the biennium 2018–2019 is US$ 526 million, and already 45% has been funded. The Programme's core funding comes from 53 different voluntary donors, but, as at March 2018, no new multi-year funding agreement had yet been signed. The IOAC acknowledges that efforts are being made by the Programme to diversify its donor portfolio and move toward innovative and sustainable financing mechanisms. The IOAC encourages WHO to identify additional multi-year partnerships, to improve the predictability of the emergency response and the resilience of the WHE Programme.

23. During the biennium 2016–2017, of the total appeal for US$ 1073 million for humanitarian response, US$ 780 million was received and directed towards graded emergencies. These figures indicate WHO's improving ability to respond effectively over the past 20 months has boosted donor confidence.

24. Between the CFE's establishment in 2015 and December 2017, 11 Member States contributed US$ 45.4 million of a target capitalization of US$ 100 million. The CFE made emergency allocations to 44 different emergencies, amounting to a total of US$ 38.9 million over the period. Funding was made available within 24 hours for 85% of the requests for up to US$ 500 000. The IOAC recognizes that the CFE has proved critical to WHO's early response to health emergencies. Early response that prevents the further spread of an outbreak is highly cost-effective as it prevents later large-scale response operations. Despite the clear value of the CFE, donors seem to have been reluctant to make financial contributions before the onset of emergencies. The IOAC welcomes the fact that 11 donors pledged an additional US$ 15.3 million at the first CFE pledging conference[4] held on 26 March 2018

[1] WHO transformation plan & architecture (http://intranet.who.int/sites/transformation/documents/who_transformation_plan__architecture_at%2016feb2018.pdf?dt=20180319114824934, accessed 19 April 2018).

[2] United Nations, Rest and recuperation (http://www.un.org/Depts/OHRM/salaries_allowances/allowances/orb.htm, accessed 19 April 2018).

[3] WHO geographical mobility policy (http://www.who.int/employment/WHO-mobility-policy.pdf, accessed 19 April 2018).

[4] News release following the Pledging Conference for the Contingency Fund for Emergencies (CFE) (http://www.who.int/mediacentre/news/releases/2018/contingency-fund-emergencies/en/, accessed 19 April 2018).

in Geneva. WHO is encouraged to proactively share success stories of the CFE and reach out to potential donors to seek a robust replenishment. The IOAC notes that the WHO Secretariat has developed a corporate investment case and suggests that the corporate case provide a greater focus on the WHE Programme because the return on investment is strong.

25. **The IOAC reiterates its recommendations to strengthen resource mobilization capacity at country level and to standardize across the regions WHO Representatives' financial authority to accept funds.** Findings from the field visits to Bangladesh, Iraq, Mali, Nigeria and Pakistan suggest that country offices' role in resource mobilization should be clarified and capacitated, in order to raise funding more systematically. The WHO Representatives should be supported to engage with in-country donors and incentivized to secure country-level funding. The IOAC notes that the WHE Programme is promoting the revised and standardized financial authorities within the WHO Representatives' induction and biennial meetings and that 19 resource mobilization officers and grant managers on short-term assignments have been deployed to 10 countries, as part of efforts to support country-level resource mobilization. Returns on this investment should be closely monitored and reported on.

## Procurement and supply chain management

26. WHO's inability to rapidly procure and deliver goods in an emergency remains a major weakness in the reform process. This has emerged as a source of frustration in every IOAC field mission. The IOAC consulted with WHO staff at each of the three levels of the Organization, as well as those at the Global Service Centre in Kuala Lumpur, which oversees global procurement. The IOAC notes, on the basis of these consultations, that there is no unified supply chain system within WHO and no system for monitoring the timing of a procurement from initial need to final delivery. In effect the three parts of the supply chain system – the generation of the need for the procurement in the field, the review and issuance of a purchase order at the GSC, and the shipping, customs clearance and delivery – operate independently and out of sync with each other. Staff noted in particular that post-purchase shipment and clearance are often a bottleneck, and WHO is understaffed on this aspect relative to peer organizations.

27. It is clear that this problem cannot be solved within the scope of the WHE Programme and requires a corporate solution. The IOAC recommended in its third report either outsourcing the procurement function to another provider or establishing a central division of supply chain management. The WHE Programme indicated that completely outsourcing the procurement function to another provider would not be a viable solution. Therefore, WHO is pursuing the option to establish a centralized system across the Organization, under the leadership of the Deputy Director-General for Corporate Operations. The IOAC is encouraged to see that supply chain management is one of the key priorities of the transformation agenda and that the WHO Secretariat is reviewing its corporate strategy. **The IOAC encourages WHO to conduct a benchmarking analysis for the supply chain process, to establish key metrics to gauge the timeliness and effectiveness of the process, and to estimate the necessary staffing and corporate investment level.**

28. Delays in contracting with local and international organizations for provision of critical services still persist. On the basis of the evidence from the field visits in Iraq, it takes an average of 57 days for the initiation, approval and payment of an implementing partner under the Letter of Agreement process, and involves at least 24 separate administrative steps at multiple WHO organizational levels. Findings from the field visits in Mali confirmed that this was of serious concern. **The IOAC is concerned that persistent delays in procurement and delivery could erode partners' confidence in WHO's capacity and accountability. Corrective actions, including emergency measures under**

**the Framework of Engagement with Non-State Actors, must be fully implemented at all three organizational levels, to support field responses. This is another area that needs to be kept under review in the future IOAC work programme.**

## Security, staff protection and WHO's policy for prevention of and response to sexual exploitation and abuse

29. WHO's institutional capacity for ensuring security is weak. WHO's security staff fall under the budget and staffing plan of the General Management cluster. In its previous reports, the IOAC noted that security cannot be addressed by the WHE Programme alone and recommended that WHO should increase its investment and capacity at the corporate level. The IOAC acknowledges that the WHE Programme has already planned for 13 security-related positions as an intermediate step, and the security staffing level is expected to increase through the review of the country business model in 2018. The IOAC is encouraged to see that an independent assessment of the security function across WHO was completed in 2017 and that recommendations from this assessment will be implemented under the leadership of the Assistant Director-General for General Management, in close coordination with the WHE Programme.

30. Evidence from the field visits to Mali and Nigeria confirmed that innovative approaches and practices, such as third-party monitoring, deployment of integrated mobile health teams and hiring of national staff from affected communities, can help in risk management and improve WHO's ability to respond in high-risk areas. The WHE Programme should continue to work proactively with the UN Department of Safety and Security and other partners on the ground, to explore options for carrying out life-saving operations in insecure field settings without jeopardizing staff safety. **The IOAC reiterates that procedures and adequate measures, including medical evacuation, should be put in place for staff support and protection when delivering critical assistance to people in areas with limited infrastructure and increased security risk.**

31. In its second report, the IOAC noted that staff protection measures were inadequate for the stressful working conditions in the field and recommended that psychological support should be available to staff working in emergency settings, as well as protection against workplace harassment. Progress has been noted in this regard. Psychological support is now a part of the overall duty of care framework that was established to protect the WHO workforce in the field. The WHE Programme has institutionalized psychological consultations a part of standard pre- and post-deployment procedures. New training materials have been developed on harassment in the workplace.

32. In light of increasing concerns about sexual exploitation and abuse in the aid sector, and the elevated risks of exploitation and abuse that can arise in remote field contexts, the IOAC reviewed WHO's corporate policy on sexual exploitation and abuse and its implications for the WHE Programme. WHO senior leadership briefed the IOAC that WHO has developed comprehensive guidelines and put in place processes and measures for prevention and response in the event of an incident. **The application of such guidelines in the complex emergency environments in which the WHE Programme operates is another issue that should be monitored as part of the IOAC's future agenda for work.**

## WHO's leadership in the Inter-Agency Standing Committee for health emergencies, health cluster coordination and partnership platforms

33. Significant progress has been noted in WHO's partnerships with other UN organizations, nongovernmental organizations and other relevant stakeholders. The role of WHO in the coordination

of response to emergencies with health consequences has been strengthened through the intensification and rationalization of the activities of various networks and partnerships, including the Global Health Cluster,[1] the Global Outbreak Alert and Response Network (GOARN),[2] Emergency Medical Teams (EMTs)[3] and WHO Standby Partnerships.[4] IOAC recommends leveraging these achievements to affirm WHO's leadership in the Inter-Agency Standing Committee[5] for infectious disease events.

34. Evidence from field visits confirmed that deployment of experts through external partnership mechanisms is being promoted and has proved helpful. Under GOARN, 118 experts were deployed from 35 institutions to 17 different health emergencies during 2016–2017. The WHO Standby Partners provided 223 months of personnel support to 16 WHO offices in 2017. As at December 2017, 85 EMTs had signed up to the mentorship and classification programme, 13 EMTs had been successfully classified as internationally deployable and more than 50 mentor visits had taken place. Further efforts should be made to systematize the deployment process, and ensure the quality and safety of deployed experts.

35. The IOAC affirms that WHO has made important improvements to its Health Cluster leadership. Partners consulted during IOAC field visits commented on positive changes since the launch of the WHE Programme. The predictability of the response to health emergencies has improved and common resources better utilized. In keeping with the IOAC's recommendation, the WHE Programme has given high priority to the 24 countries in which health clusters have been activated: as at March 2018, 19 of the 24 Health Cluster Coordinator (HCCs) positions had been filled on a long-term basis. However, issues remain in terms of: the deploying of HCCs with the right type of expertise; delays in recruitment of skilled HCCs; high turnover; and shortcomings in information management capacity. **The WHE Programme is advised to assure the high quality of the HCCs roster through adequate assessment of candidates, improved performance management of HCCs, training on field-level health cluster coordination prior to deployment, and adequate support on deployment to ensure satisfactory information management and coordination.**

36. In 2017, the WHE Programme undertook an exercise to map its partners' presence and identified a total of 711 partners across the 24 country health clusters providing around 70 million people with essential health services. The IOAC welcomes the fact that a follow-up survey for estimating the capacity of both international and national partners will be completed in 2018. The combined results could inform a future partner engagement strategy to effectively address technical, operational and coordination needs.

[1] Health Cluster (http://www.who.int/health-cluster/en/, accessed 19 April 2018).

[2] Global Outbreak Alert and Response Network (http://www.who.int/ihr/alert_and_response/outbreak-network/en/, accessed 19 April 2018).

[3] Emergency Medical Teams (http://www.who.int/hac/techguidance/preparedness/emergency_medical_teams/en/, accessed 19 April 2018).

[4] WHO Standby Partnerships (http://www.who.int/hac/standby_partnerships/introduction/en/, accessed 19 April 2018).

[5] Inter-Agency Standing Committee (https://interagencystandingcommittee.org/, accessed 19 April 2018).

## Assessing International Health Regulations (2005) core capacities, monitoring and planning

37. Between the launch of the voluntary Joint External Evaluation (JEE) of the core capacities required under the IHR in February 2016 and March 2018, 72 countries had completed the process. The IOAC notes that it is hard to discern the level of impact of the JEEs and other independent capacity assessment instruments at this stage. During the same period, only 22 countries had developed national action plans (NAPs) for health security. The IOAC notes that it is difficult to assess to what extent NAPs can contribute to strengthening health systems and to core capacities required under the IHR to prevent, detect and rapidly respond to public health threats at national level. The role of WHO is to support governments to produce the NAPs and ensure linkages to the health sector plans, catalyse investments, and provide technical support for implementation. **The IOAC notes that financing of NAPs is critical to filling capacity gaps: such gaps could pose obstacles to further progress in IHR implementation.**

38. Gaps in the core capacities required under the IHR are identified through IHR reports, independent assessments, simulations and after-action reviews. The IOAC acknowledges that 22 priority countries are receiving support to strengthen: their national surveillance systems; early detection capacities; workforce development (notably targeting IHR national focal points); monitoring capacities at points of entry such as ports, airports, and ground crossings; and event management in air and sea transport. **The IOAC reiterates that building the capacities of national governments is a primary and ongoing role of the WHE Programme.**

39. The IOAC was briefed that the WHE Programme is proactively engaging in discussions with countries that implement travel restrictions as health measures. **WHO is advised to assist countries in making rational decisions, deploying effective measures to prevent public health emergencies and complying with the IHR requirements. This is another issue that should be looked into as part of IOAC's future agenda.**

## CONCLUDING REMARKS

40. The genesis of the WHO emergency reform programme was the hard lessons learned from the West Africa Ebola outbreak and the perceived initial dysfunctional response. The WHE Programme was established as a determined effort to reposition WHO as a UN specialized agency with operational functions, while maintaining its leadership in technical expertise. The performance of the WHE Programme over the past 20 months has served as an important proof of concept for WHO's potential impact in outbreaks and emergencies. The WHE programme has demonstrated its importance in stopping the spread of infectious pathogens beyond national boundaries, and leading the health response in numerous humanitarian crises.

41. On the basis of its monitoring and review between the official launch of the WHE Programme in July 2016 and the end of March 2018, the IOAC concludes that WHO has demonstrated important progress towards reaching the key milestones set out in document A69/30 and that the WHE Programme has a track record of delivery that aligns with the principles of a single programme, and has brought improved speed and predictability to WHO's work in emergencies. The IOAC assesses that the WHE Programme has put in place the basic structures and systems to guard against the sort of catastrophic failure that occurred with the West Africa Ebola outbreak, but considerable progress is still needed. Sustaining and institutionalizing this progress will require ongoing shared effort among Member States, the WHO Secretariat and partners.

42. The IOAC is encouraged to see that WHO senior management has included the need to improve the Organization's administrative system and business processes in the transformation agenda and is looking for solutions at a corporate level. The experiences of implementing the WHE Programme reforms should be leveraged in pursuing the transformation of WHO, the success of which, in turn, could help the WHE Programme to fully realize its ambitions. The IOAC will continue to oversee the development and institutionalization of the WHE programme over the next two years on behalf of Member States, and will continue to make recommendations to strengthen the Programme.

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